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ABSTRACT

Reported was an evaluation of the education of inner city (IC) handicapped children in five cities. Focused on were an assessment of present education programs, a comparison of services provided IC children with services provided non-inner city (NIC) children, a determination of needs unique to handicapped children in inner city areas, formulation of alternative solutions for meeting educational needs, and development of recommendations pertinent to planning for resource utilization. Information was obtained from 41 special education administrators, 160 teachers, 50 principals, 155 parents, and 37 community agencies about each of the following program components: identification and incidence (definitive data were generally not available), appraisal and placement (the concept of multiple criteria was widely accepted), goals and objectives (broad goals were more likely to be stated than specific goals), curriculum (academics and language were usually stressed), equipment and resources (some deficiencies were reported), physical facilities (adequacy was geared to programs rather than to whether children were IC or NIC), teaching staff (usually well qualified), staff development (teachers generally regarded inservice training favorably), support personnel (usually shared with entire school), ancillary services (services needed to be coordinated), expectations for handicapped children (most teachers expected most students to complete the program), perceptions of special education programs (usually favorable), and interaction between school and parents (slightly more NIC teachers contacted parents). (DB)

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FINAL REPORT

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EVALUATION OF EDUCATION OF INNER CITY HANDICAPPED CHILDREN

Case Studies in Five Cities

VOLUME I
OF TWO VOLUMES

by

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CHAPTER X. SUMMARY AND CONCLUSIONS

Despite the general knowledge of the particularly adverse conditions in the inner city, little empirical research has been done to describe the detailed characteristics and educational needs of handicapped inner-city children, or to determine what services are or are not generally available to them. The fragmented and limited data regarding the educational needs of inner-city handicapped children have impeded the establishment of priorities and the improvement of special education programs. Further, the lack of hard information has restricted systematic planning by Federal agencies with regard to the utilization and direction of resources. Thus, the present research was directed toward determining the status of educational programs and related services for inner-city handicapped children, for purposes of facilitating subsequent planning of federal efforts for achieving improved education. More specifically, the research effort focused on:

- An assessment of the effectiveness of present education programs and related services provided inner-city handicapped children.
- A comparison of education and related services provided inner-city children with those for non-inner-city children.
- A determination of the characteristics and needs unique to handicapped children in inner-city areas.
- Formulation of alternative solutions and designs for meeting educational and related needs.
- Development of recommendations pertinent to planning for effective utilization and direction of resources for improving education of the inner-city handicapped.

The research approach (presented in Chapter II) involved (1) a review of background information relating to the present study by means of (a) reviewing the professional literature, (b) meeting with minority group representatives in special education and local welfare department personnel, and (c) reviewing specific information requested from national organizations serving the handicapped; (2) development of survey instruments and methodology; (3) conduct of a pilot study in one city to test and refine the survey instruments and methodology developed, and (4) conduct of the full-scale study in five cities, utilizing structured personal interviews to provide a description of each community's provisions for education and related services to inner-city handicapped children.

The following paragraphs summarize the information obtained from 41 special education administrators, 160 teachers, 50 principals, 155 parents, and 37 community agencies.* A summary is presented for each of the 13 program components that describe special education services available to handicapped children in the five cities surveyed (Section D of Chapters III through VII). The findings and conclusions should be viewed in light of the limitations of the study and the constraints under which it was conducted. The most important of these are:

- A data base collected from a relatively small sample of cities and, within each city, from a relatively small sample of respondents.
- Limitations on the random selection of respondents, particularly teachers and parents.
- Difficulties in making direct comparisons between those programs serving inner-city and those serving non-inner-city handicapped children due to such factors as centralized programs, mixed classes of inner-city and non-inner-city children, and busing to achieve racial balance.

Identification and Incidence

- In general, definitive data on the number of handicapped children who needed special services and the number who were actually receiving services was not available in any of the five cities visited. The lack of such data was due primarily to the absence of a centralized listing that included names of children served by the school district, private schools, public and private agencies and organizations, and state residential schools.
- The application of national incidence rates for handicapping conditions to the school population in each of the five cities resulted in large discrepancies (for most programs) between the numbers of handicapped children the districts were serving and the number predicted by the incidence rates to be in need of such services. It is suspected that the national incidence rates are either inflated or that they must be adjusted to reflect local conditions.

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* To the extent time allowed, additional interviews were conducted with school psychologists, social workers, directors of federally funded programs for the handicapped, personnel from community self-help organizations, personnel from private special education programs (that were reported by district personnel to utilize unique programming features), and university professors who were knowledgeable of the special education programs and services in the cities surveyed.

- There appeared to be no standardized procedures for identifying handicapped children in most of the cities visited. While systematic screening procedures (often by community agencies) were utilized to some extent for visually handicapped, auditorally handicapped, and speech handicapped children at the preschool and primary grade levels, other categories of handicapped children were identified and referred from a variety of uncoordinated sources, including community agencies, public health departments, physicians, parents, and regular teachers.

- In general, in each of the five cities, children whose handicaps were more obvious or detectable (i.e., those who were severely retarded, blind, deaf, or orthopedically handicapped) were identified at the preschool level, while children with less obvious behavior or learning difficulties were often not identified until after entering school. While part of the delay in identifying behavior disorders and learning disabilities is due to difficulties in making a definitive diagnosis of these handicaps prior to their manisfestations in a classroom setting, the schools' philosophy of avoiding the stigma of labelling often tended to delay identification. In the meantime, however, such children were failing and being unofficially labeled as "stupid" by teachers.

- While definitive data concerning incidence and identification of handicaps in inner-city (IC) and non-inner-city (NIC) populations were not obtained, anecdotal reports by school personnel in three cities indicated that handicapped children living in IC poverty areas, particularly those from bilingual or non-English speaking families, were not as likely to be identified as handicapped children from English speaking families in NIC areas.

- From data obtained in the five cities surveyed, it appears that more cooperation is needed between schools and community agencies in determining incidence and evaluating need. Furthermore, physicains, teachers, and parents need to be better informed on the identification of handicapping conditions and the educational resources available in the community.

Appraisal and Placement

- With the exception of I.Q. testing*, the concept of appraisal using multiple criteria and of placement based on decisions made by a committee of educational specialists appeared to be a reasonable, workable, and desirable one in each of the five cities. The extent to which the concept was employed, particularly in programs where a large number of children were involved (e.g., the program for the educable mentally handicapped) was not definitely determined.

- In general, both IC and NIC teachers were cognizant of the appraisal and placement procedures.

- Except for the speech handicapped program, parents' consent for testing and placement was a part of the appraisal and placement procedures in each of the five cities. However, it appeared that many parents in one of the cities did not receive an understandable explanation of procedures and programs and that in two cities some parents had not even given permission. (Information on parental consent in this city was obtained primarily from school psychologists, social workers, and an attendance officer. Most of the information related by these respondents pertained to lower socio-economic, Mexican-American families.)

- Waiting lists of handicapped children existed for many special education programs as well as for the services offered by community agencies in each of the five cities. A lack of trained staff, particularly psychologists, social workers, and other specialists, contributed to a backlog of children who were waiting for appraisal and placement services. Related to the lack of trained personnel was the lack of coordination between the school system and community agencies (as well as among agencies) with regard to the collection and processing of medical/diagnostic and social history information. Contributing to this backlog were the children whose parents could not bring them to community agencies or school diagnostic centers because of a lack of transportation.

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* In many cities throughout the country, including one visited during the present study, the use of I.Q. testing as the sole means of diagnosing mental handicaps has been ruled by the courts to be in violation of constitutional law.

- Due to the lack of openings (in each of the five cities) some children were not placed in special classes. In one city, the lack of an opening was sometimes due to the fact that the eligible child was not of the race needed to meet or maintain the prescribed social balance in a classroom.

- Though not common, some special education teachers in the five cities reported that the prejudicial and stereotypical attitudes of some regular teachers and administrators could impede the integration of handicapped children into regular classes. The research team believes that a better understanding of handicapping conditions and their educational implications, together with a resource support system of special personnel, equipment, and materials might alleviate this problem.

- Few of the teachers interviewed had experience in both inner-city and non-inner-city areas and were able to comment on the relative effectiveness of appraisal procedures in both areas. However, the information obtained in one city indicated that psychological tests used to appraise Mexican-American children (who were more often IC residents) were not of the type that had been standardized for such a population. In another city, the court decreed that separation from normal education on the basis of questionable I.Q. scores was in violation of the civil rights of children and has temporarily enjoined the administration of tests to black children. These actions together with the limited data obtained in the present study indicates that appraisal or diagnosis of handicapping conditions (particularly educable mentally handicapped) solely on the basis of I.Q. tests may be inaccurate and may result in improper placement of many inner-city minority group children into special education classes.

Goals and Objectives

- Broad, general goals for the total special education programs were stated in printed form in four of the five cities visited. However, specific goals for each handicap program were well defined in two cities, inadequately defined in two cities, and not available in one city. Related to the specification of program goals and objectives are procedures for assessing achievement of such goals. Only one

city had formal procedures for such assessment. However, evaluation procedures were informally presented in an annual report in one other city, and were obtained for some of the programs in a third city.

- No official follow-up studies of children completing or leaving special programs were conducted in any of the cities visited. Thus, programs could not be evaluated and modified based on the subsequent experiences (further education, jobs, social contacts, etc.) of children that had been in special programs.

- Interviews with secondary teachers indicated that in several handicap areas, particularly those for the physically handicapped and trainable mentally retarded, nearly all of the children completed the program available to them.

- Academic and social/interpersonal goals were mentioned most frequently by special education teachers in each of the five cities. Goals related to early learning skills or job related skills were seldom mentioned.

- Relatively few teachers were able to attain their stated goals with more than 75% of their students in three of the five cities.

- In four of the five cities, there were no apparent significant differences between IC and NIC teachers or among programs with regard to the general types of goals teachers expected their students to accomplish. Similar goals were stated by most of the NIC teachers compared with less than half of the IC teachers in the remaining city. There appeared to be no significant differences between IC and NIC teachers regarding the proportion of students that were expected to be able to accomplish teacher goals.

- Information collected concerning goals and objectives indicates that teachers, in particular, need to improve their skills in defining, stating, and readjusting goals and objectives. In addition, in order to achieve goals and objectives, greater flexibility is needed in the use of methods and materials and greater access to support personnel and services is required.

Curriculum

- Academics and language/communication skills were stressed by the majority of special education teachers in each of five cities surveyed. Programs (for the mentally retarded) in only two of the cities stressed social/interpersonal and daily living skills. The limited emphasis on daily living and social skills in special education curriculums would appear to be a shortcoming in view of the importance of these skills to many handicapped children--not just the mentally handicapped.

- Although curriculum guides were available to the majority of teachers in four of the five cities surveyed, teachers in two of the cities reported that the guides were not adopted on a district-wide or program basis and were not consistently used within programs. Only two of the ten special programs surveyed in the fifth city had curriculum guides, and teachers viewed them as having limited value.

- Limited data indicated that, in general, the curriculum offered was not meeting the needs of some of the handicapped children in the five cities visited. The percentage of programs judged by the coordinators to have inadequate curriculum offerings are as follows:

  City A - 5 of 8 programs (63%)
  City B - 7 of 10 programs (70%)
  City C - 2 of 9 programs (22%)
  City D - 2 of 8 programs (25%)
  City E - 4 of 8 programs (50%).

  In addition, prevocational and vocational needs of handicapped children were mentioned in three of the five cities as being inadequately treated in current curriculum offerings.

- In two of the five cities, the majority of teachers knew that the curriculum was updated, while in the other cities they were not aware of the details concerning curriculum updating.

- No significant differences between teachers of IC and NIC children were apparent in any of the cities surveyed regarding curriculum areas stressed, access to curriculum guides or involvement in curriculum revision.

- The majority of parents--both IC and NIC, in each of the five cities, expressed satisfaction with what their handicapped children were being taught in school.

Equipment, Materials, and Other Resources

- At least half the teachers in two of the five cities felt they lacked a sufficient supply of equipment and materials. Such deficiencies were reported for only one or two programs in the remaining cities.

- There appeared to be no significant difference in the amount of equipment available to IC and NIC teachers of handicapped children in any of the cities surveyed.

- Many parents were unfamiliar with the equipment used in their children's classrooms; but most of those who were knowledgeable expressed satisfaction with the equipment. There was no significant difference in satisfaction/dissatisfaction between IC and NIC parents.

Physical Facilities

- In each of the five cities, the adequacy of physical facilities appeared to be keyed to programs rather than to whether IC or NIC handicapped children were housed there. The differences between classrooms of IC and NIC teachers were not consistent.

- In three of the five cities, programs where teachers served on an itinerant basis had rooms that were less attractive or pleasant than classes used on a regular basis, and were not as well suited to the specific needs of the teachers and children using them.

- Parents, in general, had few comments about facilities and did not appear very knowledgeable about this aspect of their child's education. There were no significant differences between the IC and NIC parents sampled with regard to satisfaction with facilities.

Teaching Staff

- On the basis of academic preparation and parental and principal evaluations, both IC and NIC special education teachers appeared to be well qualified for their positions in the five cities surveyed.

- Salaries of the IC teachers sampled in each of two cities were eight percent higher than those of the NIC teachers sampled. These salary differences indicate that the IC teachers had qualifications (i.e., degree and years of teaching experience) at least equal to and often greater than those of the NIC teachers. However, in a third city, the average salary of NIC teachers sampled was 16% higher than that of the IC teachers sampled. In this same city, the average number of years in special education and average total years in education for NIC teachers was double that for IC teachers. Salaries in the remaining two cities were comparable for both IC and NIC teachers.

- In one city, a significant proportion of NIC teachers were not certified. No significant IC/NIC differences with regard to certification were found in the remaining four cities.

- In all cities, IC and NIC parents were equally likely to comment favorably on a teacher's personal qualities (e.g., patience and understanding) rather than on their professional qualifications. Principals in four of the five cities generally stressed management skills and professional training in describing the teaching staff.

Staff Development

- Although responses to district in-service training programs by teachers were favorable in four of the five cities, their recommendations for improvement suggested that programs could be made more effective by offering material that was geared to the everyday situations and problems a teacher faced and to the type (i.e., age level and handicaps) of children in the class. In general, unfavorable responses to in-service training were made by teachers in the fifth city.

- No significant IC/NIC differences in teacher responses were evident with regard to staff development in any of the five cities surveyed.

Support Personnel

- Data collected in the five cities indicated that, with the exception of teacher aides, most support personnel available to handicapped children in neighborhood schools were shared with the entire school's student body or were available to the population of several schools.

- In schools housing federal programs such as ESEA, Title I, and Head Start, additional support personnel were available to work with children from low income families, most of which resided in the IC area. In one city, it appeared that IC neighborhood schools received more support personnel and services. However, data collected in the remaining four cities did not reflect any significant differences in the number or types of support personnel available to handicapped children in IC and NIC schools.

- There appeared to be no significant differences between IC and NIC parents concerning their stated satisfaction with the support personnel working with their children. In general, parents in all of the cities were not knowledgeable about this aspect of their child's education.

School and Community Ancillary Services

- There appeared to be a broad range of school and community services available to handicapped children and their families in the five cities surveyed. However, comments from school and agency personnel indicated that these services did <u>not</u> seem to be organized into a well coordinated network.

- A majority of parents in four of the five cities reported that their children received at least one service from the school in addition to a special class or therapy program. Parents were generally satisfied with the services, and no consistent IC/NIC differences were noted.

- At least half the parents interviewed in each city had contacted community agencies for assistance with their handicapped children. The proportion of IC and NIC parental contacts with agencies were approximately the same in two cities, were slightly greater for NIC parents in two cities, and slightly greater for IC parents in one city. Thus, no consistent IC/NIC differences were noted across the five cities. Limited data indicated that few parents in the five cities had been contacted by agencies. This suggests that agencies did not employ outreach activities in an attempt to recruit new clients or to make their services known to parents.

- Although many parents in each of the five cities were cognizant of social/recreational programs available to their children outside of school, in four of the cities, few parents had children who participated in them. Most of those who did participate were IC children. In the remaining city, the majority of parents (both IC and NIC) cognizant of such programs had children who attended them.

- In two of the five cities, conclusions regarding transportation services were clouded by the issue of busing to achieve racial balance. Nonetheless, the concensus among school personnel and community agency personnel was that transportation was the most consistently needed service for handicapped children While information gathered indicated that both IC and NIC populations were adversely affected by the lack of transportation, agency and school personnel generally felt that IC families were in greater need of this service. The need was keyed to reaching locations where diagnostic and treatment services, and social/recreational programs were offered.

- Social/recreational progams were available to all handicapped children either through special recreation programs or through regular programs and facilities available to any child in the community. In general, the less severely handicapped attended the regular programs and the more severely handicapped and multiple handicapped attended the special programs. Information gathered in two of the five cities indicated that services for the severely handicapped appeared to be greatly needed.

- Most of the agencies surveyed in the five cities used a sliding fee schedule to make fees equitable for IC and NIC clients. However, some of the NIC families interviewed indicated that they could not afford needed services and were unable to obtain them from agencies because family income was above the cutoff limits set. Federal monies, in some cases, provided additional personnel and services to children from low income neighborhoods but not to children from higher income neighborhoods.

- While it appeared that school and community ancillary services were at least as available to IC children and to NIC children, the present study revealed trends indicating that many families in need of services, particularly IC families, did not take advantage of them. Insight into the factors that account for this behavior in Mexican-American families is provided in a 1969 study of the Model Cities neighborhood (which closely resembled this study's definition of IC areas) that was conducted in one of the cities surveyed in the present study. Essentially, the study concluded that the life style of Model Cities residents was home-centered with little reference to the non-familial group. Consequently, a resident would not leave the immediate neighborhood except for a definite, well-defined purpose. This pointed to the need for decentralized services and facilities that were more geographically accessible to the residents. In addition, the study emphasized that residents had to recognize their needs and be cognizant of available services if they were to take advantage of such services.

Educational and Occupational Expectations for Handicapped Children

- While the educational expectations for the least advanced child in a class was often "below completion of a high school or special program", one-half or more of the teachers expected the majority of their handicapped students to complete the program available (either through the regular program or a special program). In one city, a significantly higher proportion of NIC teachers had these expectations. However, in another city, expectations of IC teachers were higher. No significant differences were found in three cities between teachers of IC and NIC children with regard to educational expectations for their students.

- No consistent differences were noted between IC and NIC teachers regarding occupational expectations in three of the five cities. In the fourth city, teachers of NIC children were more likely than teachers of IC children to expect the majority of their students to enter higher status occupational levels. In the remaining city, IC teachers had higher expectations. But in the last two cities, occupational expectations for the least advanced students were similar for teachers of IC and NIC children. In general, occupational expectations for the majority of students emphasized white and blue collar jobs while expectations for the least advanced emphasized service and sheltered workshop jobs.

- In all of the cities, educational and occupational expectations of both IC and NIC parents were at least as high as those expressed by teachers and in some cases higher. In one city, IC parents expressed higher occupational status expectations for their children than did NIC parents. In the remaining cities no IC/NIC differences were noted.

- Most of the parents in three cities did not know what their children would be able to do after schooling. This suggested that parental counseling was needed concerning realistic occupational alternatives.

Perceptions of Special Education Programs and Children Enrolled in Them

- While a few specific cases of unfavorable attitudes of regular teachers toward special education teachers were recorded in each of the cities surveyed, the concensus of special education teachers was that the special education program was viewed favorably by most regular classroom teachers and school principals. It appears that the existence of favorable attitudes was related primarily to the efforts of the special education department in that city and to the efforts of special education teachers located in each school building.

- The integration ("mainstreaming") of handicapped children into regular classes with normal children varied considerably across the five cities surveyed. In two cities, approximately the same percentage of children from classes of IC teachers were integrated as from classes of NIC teachers. IC children were more likely than NIC children to be integrated

into regular classes and activities in a fourth city. In the remaining two cities, NIC children were more likely to be integrated than IC children.

- Integration of handicapped with non-handicapped children appeared to be primarily a function of two factors: the physical setting (i.e., a center* or neighborhood school) and the teaching arrangement (i.e., itinerant or resource teacher; self-contained unit). That is, handicapped children in a self-contained unit and/or in a center only for handicapped were less likely to be integrated than children in a program served by an itinerant or resource teacher in a local neighborhood school. In addition, the principal's attitude appeared to influence the attitudes of his regular teaching staff toward acceptance of handicapped children.

- In each of the five cities, guidelines for integration of handicapped children generally appeared to be the purview of the special education teachers, who usually acted on the basis of their own judgment rather than on the basis of guidelines established by the principal.

- Limited observations on the perceptions of regular classroom teachers having handicapped students in their classes suggested a need for more information from special education personnel that would assist them in working with the handicapped. In addition, such information might possibly change unfavorable attitudes that some regular teachers had toward handicapped students.

- It appeared that most IC and NIC principals had received useful information from district personnel administering special education. Several had expressed their problems and had made suggestions concerning special education to central office administrators, but not all their inputs had been acknowledged.

- In general, both IC and NIC parents in all of the cities indicated that they felt that their handicapped children were being treated as well as non-handicapped children located in the same school.

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* A center, as used in this report, refers to a facility in which only handicapped children are provided educational programs.

Interaction Between School and Parents

- The range in percentage of parents reportedly contacted by teachers varied considerably. However, in three of the five cities, NIC teachers contacted more parents of children in their classes than did IC teachers. In one of the three cities, over three times as many NIC as IC teachers contacted one-half or more of the parents of children in their classes. There appeared to be no significant differences in amount of parent contact in the two remaining cities.

- In at least four of the five cities, most parent (IC and NIC) felt that school personnel contacted them often enough and that, in general, they could receive satisfaction if they spoke with school personnel about problems.

- In general, it appeared that parents expected school personnel to take the initiative in establishing school-home interaction. Many parents were satisfied with any amount of contact from the school, or none at all. It was also the judgment of the research team that a basic reason for this situation may have been that parents were more likely to be contacted to help correct a negative situation with a child than to be informed of his positive activities.

- In one city, half the IC and NIC parents interviewed belonged to some organized parent group (mostly organizations specifically intended for parents of handicapped children). In the remaining four cities, relatively few of the parents sampled belonged to any parent groups. While the reasons for this were not clear, it appeared that the challenge of raising a handicapped child may not have provided sufficient commonality of interests to bring parents of such children together. Further, in cities where busing was practiced, IC families were reported by administrators and teachers to be unable in many cases, to attend parent meetings at the schools to which their children were bused due to such factors as lack of transportation or time. It should be pointed out, however, that in at least two cities, very active parent groups had helped shape special education policies and practices.

The foregoing presents only a brief summary of the major findings and conclusions in the five cities surveyed. Readers who desire additional detail or explanation should refer to Chapters III through VII.

Chapter VIII of this report summarizes the data obtained from special education administrators, parents, and community agencies on the needs and characteristics of inner-city handicapped children. In addition, Chapter VIII also identifies and briefly discusses situations and conditions in the school and community that compound the problems of the inner city handicapped child. Further, Chapter VIII presents information obtained from program consultants on the differences between inner-city and non-inner-city handicapped children with regard to referral, diagnosis, and placement; program goals and objectives; curriculum, equipment, facilities, and funding; and services to inner-city versus non-inner-city children.

Alternative approaches and recommendations for educating inner-city handicapped children are outlined in Chapter IX. Briefly, Chapter IX presents the problems manifested in the five school districts' educational programs for the various categories of handicap, and suggests alternative approaches for the solution or circumvention of these problems. The material is organized in terms of the components of special education and related services delineated in Section C of Chapters III through VI. These components are: identification and incidence; appraisal and placement; program goals, objectives and evaluation; curriculum, equipment, materials, and other resources; physical facilities, teaching staff and staff development; support personnel, school and community ancillary services; expectations and perceptions, and communication between school and home.

Chapter XI of this report discusses future research needs. Each research need presented includes a brief discussion of the problem and the highlights of an approach toward solution of the problem. The major research needs treated in Chapter XI are:

- Refine, Implement, and Evaluate a Model for Delivery of Educational and Related Services to Inner-City Handicapped Children.
- Review Current Identification System, Develop a Model Identification System, Establish a Demonstration Project in a Local District, and Evaluate the Effectiveness of the System for Selected Categories of Handicap.
- Develop Accurate Incidence Rates for Selected Handicap Categories.
- Survey Vocational Education Programs Offered by Schools, Institutions and Organizations Serving the Handicapped and Evaluate the Effectiveness of Such Programs.

- Develop a Model System to Provide a Coordinated Network of Community Medical, Social, and Recreational Services for Handicapped Children.

- Review and Assess Various Approaches for Integrating Selected Categories of Handicapped Children Into Classes for the Non-Handicapped.

- Conduct a Longitudinal Study of Graduates of Various Types of Programs for the Handicapped to Determine the Relative Effectiveness of These Programs.

- Determine Educational and Related Needs of Multiply-Handicapped Children and Evaluate the Effectiveness of Programming to Meet These Needs.

These areas of suggested future research were considered to be of highest priority. Chapter XI also lists a number of other important research areas that are judged to be of somewhat lower priority.

The findings and conclusions presented above, together with the recommendations presented in Chapter IX, should be useful in establishing priorities and in planning for the effective utilization and direction of resources for improving education on inner-city handicapped children.